

Inclusion or Exclusion: Perceptions of Acceptance by
People with Mental and Intellectual Disabilities in
Otago and Southland Baptist Churches

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Abstract

The author conducted qualitative research with twenty people with mental or intellectual disability who attended Baptist churches in the Southland and Otago regions to determine whether from their point of view the churches were inclusive of people with their disabilities or whether people with disabilities were excluded from feeling part of the church. To the researchers surprise and contrary to previously published literature, those churches which identified people with disabilities and provided specialist services under the umbrella of an inclusive church were found to be most inclusive by participants in the study.

Introduction

In the past thirty years there has been a dramatic change in the way that people with mental and intellectual disability have been catered for in New Zealand society. In 2005 the former Labour party spokesman on health, Dr Michael Bassett summarized the change:

Before the early 1980s, there were several old, large mental hospitals dotted around the country. Oakley, Kingseat, Tokanui, Porirua, Seacliffe and the dreaded Lake Alice spring to memory. They were isolated institutions housing thousands of patients under varying degrees of security. The public adopted an “out of sight, out of mind” approach to their inhabitants. As Labour’s then spokesman on health, I can attest they were horrible places to visit. Dank and cheerless, they smacked of Dickensian workhouses. A variety of treatments (and mistreatments) involving shock therapy and smelly drugs like paraldehyde, subdued or treated patients. There were regular inquiries into patient abuse, and a major outcry over the death of an Oakley inmate in 1982. Psychiatric services were dysfunctional; something had to be done.¹

This situation which had prevailed since the building of the first lunatic asylum in Wellington in 1844² and remained reasonably static for the following 140 years was radically changed almost overnight in the 1980s, and patients were emptied out of the psychiatric hospitals into community care. Many non-governmental agencies including churches responded to this new need to provide community care.

Churches of the Baptist denomination have taken up the challenge of Jesus in helping those less fortunate with a large denominational community ministries focus, in response to Jesus’ mission as cited in Luke 4:16-19 and the biblical mandate from Matthew 25:34-40 for ministering to the “least of these”. Unfortunately this emphasis may relegate persons with disabilities to a receiving end of ministry, and this charitable outlook may

¹ Michael Bassett, “Problems with Psychiatric Care” 6 December 2005
<<http://www.michaelbassett.co.nz/articleview2.php?id=118&yh=2006&yl=2005>> (21/12/08)

² R. Pargiter, “A Brief History of Mental Health Services in Australia and New Zealand” in *A Brief History of Mental Illness in Australia and New Zealand*, ed. R. Kosky et al (Wellington: Butterworth Heinmann, 1991), 6

have become an excuse for exclusion characterized by separate schools, rehabilitation centres, community trusts and other caring institutions.

One of the responses of Baptist churches was to set up charitable trusts with specific goals concerning mental health. Some examples of this are Caversham Baptist Church in Dunedin which set up the Corstorphine Baptist Community Trust³ which has now been providing group homes and support services in the community for over 30 years; the Stepping Stones Community Trust set up by the Spreydon Baptist Church in Christchurch in 1990 to provide psychiatric rehabilitation residential services⁴; and the Delta Community Trust which was set up by North Avon Baptist Church eleven years ago to reach local people in significant physical and emotional need⁵. Often these trusts are under the umbrella organization of the Baptist Community Ministries of the Baptist Union of New Zealand.

Many Baptist churches also became involved in running support programs for people with mental and intellectual disability in the community. Examples of this include Dunedin City Baptist Church which set up its “Way Up” program for those struggling with psychiatric and emotional issues⁶, and Eastside Baptist Church which operated for a short time a “Living Room” program for those with mood disorders.⁷

It is however noteworthy that some of these services were provided for those in the community outside the church and for some of these organisations there was perhaps a tenuous link to the worshipping congregation of the church. A statement from one of these service providers may illustrate this point. The Corstorphine Baptist Community Trust describes itself on its website as offering “a range of community-based support

³ Corstorphine Baptist Community Trust. <<http://www.cbct.org.nz/site/sectiona.html>> (20 November 2008)

⁴ Stepping Stone Trust.

<http://www.spreydon.org.nz/index.cfm/Community_Mission/Stepping_Stone_Trust> (1 May 2009)

⁵ John McNeil, “Taking Church to the People: with Christianity marginalised, on the edge is the place to be” <<http://loveyourneighbour.co.nz/?sid=494>> (2 May 2009)

⁶ Dunedin City Baptist Church. <<http://www.dcbc.co.nz/needhelp.php>> (2 December 2008)

⁷ Eastside Baptist Church. <<http://www.eastsidebaptistchurchinvercargill.org/Living.Room>> (18 May 2009)

services for adults and youth affected by mental illness, intellectual disability and head injury”⁸ without any statement concerning spiritual need. My concern is that whilst these activities may have been meeting the physical, emotional and relational need of people with mental and intellectual disability in the community, they may not have been addressing the spiritual need for a connection with the Christian God through worship. Having made that claim, I recognise that there are other providers who do include spirituality as part of the services provided. The Stepping Stone Trust is an example of this: their core beliefs as recorded on their website include “Faith – belief that God makes a difference.”⁹ People with disabilities attend various services to the community provided by the church and other agencies yet they still recognize that there is a need to connect with God spiritually through involvement in worship services in the local church. Some churches set up alternate midweek services for people with disability; among these are Spreydon Baptist Church and the Delta Community Trust both in Christchurch. As Murray Robertson, the senior pastor of the Spreydon church wrote, “The first [midweek] service grew out of ministries to people with psychiatric needs. There are various reasons why people in this group find it difficult to access a normal worship service but one of them is quite simply their lack of transport.”¹⁰ With these options being employed by churches, I echo the sentiment of social workers Bentley and Taylor¹¹ in asking whether we have merely ‘trans-institutionalised’ people with mental illness into a new setting and that the claimed intention of deinstitutionalisation of inpatients to live a more ‘normalised’ community life is still a long way from reality.

Other Baptist churches have attempted full integration of people with and without disability in the same worship services however figures from United States of America suggest that the involvement of people with any type of disability in any faith community

⁸ Corstorphine Baptist Community Trust

⁹ Stepping Stone Trust

¹⁰ Murray Robertson, “The Church: a redemptive community,” an undated paper provided by the author to the Eastside Baptist Church

¹¹ Kia J Bentley and Melissa Floyd Taylor, “A Context and Vision for Excellence in Social Work Practice in Contemporary Mental Health Settings” in *Social Work Practice in Mental Health*, ed. Kia J Bentley (Pacific Grove California: Brooks/Cole, 200), 4-5

is substantially less than people without disabilities. Figures from surveys in the United States between 1986 and 2004 found that people with disabilities were involved in faith communities substantially less often than are adults without disabilities, in fact some 13% less.¹² There appear to be no readily available comparable figures from New Zealand of the correlation between church attendance and disability, despite Statistics New Zealand doing Disability Surveys in 1996, 2001 and 2006.

The purpose of this research essay is to examine the way churches of the Baptist Union of New Zealand have responded to people with mental and intellectual disability since the closure of the state run mental institutions since the 1980s. It was my hypothesis that these churches have not integrated people with mental and/or intellectual disabilities into the mainstream of church worshipping life but have institutionalised them into subsidiary church trusts and alternative worship services. This hypothesis was investigated by interviewing with people with mental and intellectual disabilities who participate in various kinds of programs in churches.

My interest in this topic arises from the fact that I am a pastor of a suburban Baptist church in a low socio-economic area of a medium sized city – a church where the range of identifiable mental health disorders within the congregation, as disclosed by the individuals themselves, covers mental retardation, autism, attention deficit disorders, eating disorders, substance related disorders, mood disorders including major depressive illness and bipolar, anxiety disorders, sleep disorders, situational depression and anxiety, borderline personality disorder, schizophrenia and psychosis, relational disorders and problems relating from abuse and neglect. Most are in treatment and recovery. The congregation comprises both people with and without disability. The intention of this church is to be inclusive of people regardless of ability; the worship services are designed to be inclusive of everybody and it tries to be a welcoming church for people across the spectrum. The comment has been made by visiting pastors that many of ‘our people’ would not fit in nor be comfortable in other churches. The effectiveness of the

¹²Erik W. Carter, *Including people with disabilities in faith communities: a guide for service providers, families, & congregations* (Baltimore: Paul H. Brookes, 2007), 6

outworking of this intention through the eyes of the congregant with the mental or intellectual disability is difficult to assess. This is especially difficult as neither the leadership team of this church nor I fit the disability profile. I suspect that these intentions are working but we must ask the question whether this is so and if so, why is this so, and conversely if not, why not? And if this question can be asked of this particular congregation, the same can be asked of the other churches in the Baptist Union. My suspicion was that the church (either leadership teams and/or congregation) finds people with moderate to severe mental and intellectual disability to be challenging, perhaps even disruptive to the order of a worship service and therefore they sideline these people into alternative worship services on other days or other venues. My suspicion was that the “out of sight out of mind” claim made by Dr Michael Bassett is not far from the way in which the Church still deals with people with mental and intellectual disability. It was also my suspicion that the Church sees such people as recipients of aid, charity, ministry and pity rather than seeing them as being functional and worthy members of a worshipping community of faith on a par with those not exhibiting disability.

If this suspicion is the case then a large sector of New Zealand society is not served by the Church. In an address to the New Zealand Association for the Study of Intellectual Disability on 1 October 2004, the Disabilities Issues Minister at that time, Helen Dyson, reported the results of the 2001 New Zealand Disability Survey:

The survey estimates that around one percent of all adults living in New Zealand households have an intellectual disability. This is just under 29,000 adults. Seventy-one percent of these adults – just over 20,000 New Zealanders – needed help or support from other people or organisations. Thirteen percent of adults in residential facilities – around 3,500 adults - have an intellectual disability. Adults with intellectual disabilities are predominantly in the younger age groups, with two-thirds aged between 15 and 44. Around two per cent of all children living in households - some 13,000 - have an intellectual disability, with boys having a higher rate than girls.¹³

¹³ Ruth Dyson “New Zealand Association for Study of Intellectual Disability” 1 October 2004 <<http://www.beehive.govt.nz/speech/nz+association+study+intellectual+disability> (18 May 2009)

Other New Zealand studies done in 1976 and after the census in 1996 showed that there is a considerable portion of our society with intellectual disability. The earlier study found that about three to four people per thousand had an intellectual disability. The later study found a rate of about ten people per thousand.¹⁴ The researchers used questions in their surveys which defined intellectual disability¹⁵ in accordance with the Ministry of Health definition, which is:

A person with a disability is a person who has been identified as having a physical, psychiatric, intellectual, sensory or age-related disability (or a combination of these) which is likely to continue for a minimum of six months and result in a reduction of independent functioning to the extent that ongoing support is required (Ministry of Health 1994: p 8).¹⁶

The size of the group in society which is possibly being excluded from the worshipping life of a church grows considerably when mental or psychiatric disability is included with these intellectual disability figures. According to the 2006 New Zealand Disability Survey conducted by Statistics New Zealand, people with disabilities, which included (but not exclusively) mental and intellectual, made up 17% of the population (20% in the prior 1996 and 2001 surveys) and I suspect that the theologians Scott and Wieland are correct when they claim that that this group of people with disabilities is generally not represented within the church population.¹⁷

One has to ask why it is important to have such people in the worshipping community of a church. There are at least two reasons. The first is that even the secular world of

¹⁴ Anne Bray, "Demographics and characteristics of people with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability," 5

<http://www.donaldbeasley.org.nz/publications/NHC_Demographics.pdf> (19 January 2009)

¹⁵ Ibid, 15. Questions included 22. Do you have a condition or health problem, which has lasted or is expected to last for six months or more, that makes it hard in general for you to learn? 24. Do you need help from other people or organisations because of an intellectual disability or handicap?

¹⁶ Anne Bray, "Definitions of intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability," 26

<http://www.donaldbeasley.org.nz/publications/NHC_Definitions.pdf> (19 January 2009)

¹⁷ Corey Scott and George Wieland, "Biblical Perspectives on Disability" 30 November 1999 <<http://www.visionnetwork.org.nz/social/disabilities/273.html>> (7 March 2009)

counselling and psychotherapy now recognizes that religious or spiritual awareness is central to individual, family and community well being.¹⁸ The Sweeney and Myers model for wellness counselling includes spirituality as an anchor of the essential self.¹⁹ The New Zealand developed Te Whare Tapa Wha model for social work acknowledges that spirituality (Te Taha Wairua) is the most essential requirement for health²⁰. This view has been a widely held belief within Christian circles for some time, and the secular world has just rediscovered it. Thomas Moore, the noted psychotherapist, monk, and university professor with a doctorate in religion from Syracuse University, argues that a spiritual life of some sort is absolutely essential for psychological health, but he then also notes that an unhealthy spirituality produces an unhealthy state of psychological functioning;²¹ and Dr Bernie Siegel, noted author and former clinical professor of surgery at Yale University argues that spirituality is essential to healing: “Acceptance, faith, forgiveness, peace, and love are the traits that define spirituality for me. These characteristics always appear in those who achieve unexpected healing of serious illness.”²²

The second reason is that of the call from God for the inclusion of all people into the kingdom of God because humanity was made in the image of God. As Ruth Smithies, the director of the Catholic office for justice, peace and development in Wellington New Zealand, wrote: “As people created in God’s image we possess an intrinsic worth or dignity...we are equal because we are all created equally in God’s image and loved by God.”²³ And furthermore the actions of Jesus Christ brought full inclusion for those whom humanity had marginalized. The New Zealand theologians Scott and Wieland wrote that “Jesus sought to free the marginalised (of which people with disabilities were a

¹⁸ Allen E Ivey et al, *Theories of Counseling and Psychotherapy* (Boston: Pearson, 2006), 19

¹⁹ Ibid pp 52-65

²⁰ Ministry of Health

<[http://www.maorihealth.govt.nz/moh.nsf/pagesma/196/\\$File/maori_health_model_tewhare.pdf](http://www.maorihealth.govt.nz/moh.nsf/pagesma/196/$File/maori_health_model_tewhare.pdf)> (1/10/09)

²¹ David G Benner, *Care of Souls: revisioning Christian nurture and counsel* (Grand Rapids: Baker Books, 1998), 56

²² Ibid 61

²³ Ruth Smithies & Helen Wilson (eds) *Making Choices – Social Justice for Our Times* (Wellington: Church Leaders’ Social Justice Initiative, 1993),19

significant part) from all those things that would otherwise suppress their full inclusion and involvement in the Kingdom of God.”²⁴

There has been surprisingly little research into this topic, particularly in seeking the views of those most directly affected by the actions of the church, namely those with mental or intellectual disability themselves, a fact that was recognized and described by researchers Bray and Gates as being ‘disturbing’.²⁵

²⁴ Scott and Wieland, “Biblical Perspectives on Disability”

²⁵ Anne Bray & Sue Gates, “Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability”,³²

Exclusion or Embrace

This chapter will focus on the findings of researchers and advocates from both New Zealand and overseas into the perceptions and attitudes of the principal participants in this issue. I will be looking at attitudes toward people with mental and intellectual disability from the viewpoints of society, the church as an institution and as individuals as the church. I will then hear from those who are subject to such attitudes, the people with the disabilities themselves, telling their experiences of church, and finally we will look at how churches have tried to support and include people with these disabilities.

As previously stated, research into this area of disability in relation to church in this field is sparse, even when overseas research is included, and in New Zealand there are only a few researchers who have touched on the issue. Little has been published and there has been little public discussion on the methods of the church to meet the needs of those with disability.

Societal perceptions of disability

Society in New Zealand as a whole has not kept pace with the developments in methods adopted by the specialist agencies of care of people with mental and intellectual disability and has retained the “out of sight out of mind” mentality of the pre 1980’s. The segregation that was characteristic of the “dark ages” of mental institutions during the 19th and 20th century still exists today.

The separate special schools and classes that were seen as necessary and appropriate for children with an intellectual disability and the sheltered workshops and day programs for work and daily activities are still a feature of New Zealand society, albeit that more and more children and adults are mainstreamed into ordinary classes and ordinary work where it is available.²⁶

²⁶ Anne Bray & Sue Gates, “Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability”, 15

A survey conducted in 2008 on behalf of the Ministry of Health claimed that there were significant improvements in public knowledge about how to be more supportive of people with mental illness over the past decade,²⁷ but I believe that the action which would prove this claimed attitude change has yet to materialise. My scepticism is borne out by the same survey which reported that only 4% more people would accept someone with experience of schizophrenia as a babysitter for their child. Eileen Shamy, a New Zealand Christian researcher in this field, points to the issue involved:

There is a disturbing philosophy abroad in NZ today. On every side we are battered into measuring our own worth – and therefore the worth of others – by our ability to pay, by our “deservingness” before the economy, or by our age. Those in the dependency years, the unborn, little children, the unemployed, the disabled and those over 65 are counted as those of least worth. When human worth is measured by youthfulness, wealth, power and influence and by education those not fortunate to possess these ‘advantages’ become marginalised²⁸

Dr Julie Leibrich, the Commissioner of the Mental Health Commission in New Zealand has categorised and summarised the discriminatory attitudes of New Zealand society toward people with mental disability as being: the negative generalizations of stigmatizing and stereotyping; the invisibilising attitudes of silencing, sidelining and segregating; the dehumanizing attitudes of symptomatising, semantic games and separating; and the punishing attitudes of scaring, scapegoating, subjugating and shaming.²⁹ When this information is coupled with the findings of a paper presented to the World Congress for Mental Health in Auckland New Zealand in August 1989, which identified further problems within practices of the mental health providers of “neglect, paternalism and tokenism,”³⁰ the plight of those with mental and intellectual disability within New Zealand society seems somewhat bleak.

²⁷ Balance NZ Bipolar and Depression Network “NZers more accepting of Mental Health sufferers” 30 December 2008 <[http:// www.balance.org.nz/content/view/full/330/1/](http://www.balance.org.nz/content/view/full/330/1/)>, (5 February 2009)

²⁸ Eileen Shamy, *More than Body, Brain and Breath: a guide to the spiritual dimension of care for people with Alzheimer's Disease and related dementia*. (Orewa: ColCom Press, 1997), 25

²⁹ Mental Health Commission, *A travel guide for people on the journeys towards equality respect and rights for people who experience mental illness* Mental Health Commission n/d

³⁰ Mary O'Hagan, *Consumer Participation: the best thing that's happened to mental health in a long time*. (Auckland: Mary O'Hagan, 1989) n/p

This emphasis in our society on the strong, healthy and beautiful leaves “the disabled ... outside the mainstream of life and work [and] all too often they form a marginal group, left to themselves, living at a distance from all others.”³¹ The meaning of term “disability” is determined by society, and when the society is based on the strong and capable, that identification of difference, according to the theologian Jurgen Moltmann, enables society to “declare certain people to be ‘disabled’ and consequently more or less exclude them from public life,”³² This categorising leads to people being devalued.³³ Society fails to recognize that disability is a social issue, claiming it to be something that a person ‘has’. Yet for those with illnesses categorised as mental or intellectual disability, according to the New Zealand author Keith Ballard, they “experience disability as discrimination that keeps them out of schools, out of the workforce and out of the mainstream of community life.”³⁴ Even when society does allow people with mental or intellectual disability to enter mainstream society, there is an expectation that those with a disability will fit into existing societal structures, rather than, as New Zealand researchers Bray and Gates identify, society making changes to itself to become less prejudiced and more inclusive.³⁵ The societal response to people with disability is described as arising from fear by Joni Eareckson-Tada, a woman who has faced life from a wheelchair since an accident as a teenager left her with paraplegia.³⁶ This fear of difference may be more deep-seated than a simple fear: an American Catholic priest who works with people with disability, Donald Senior, claims that this discrimination is “an instinctive of fear of their

³¹ Hannelore Adamson, review of *Partners in Life: the handicapped and the Church*, edited by Geiko Muller-Fahrenheit, *Ecumenical Review* Vol 32, Issue 3 (July 1980): 348

³² Jurgen Moltmann, “Liberate yourselves by accepting one another” in *Human Disability and the service of God: reassessing religious practice*, ed. Nancy L Eiesland and Don E Saliers (Nashville: Abingdon Press 1998), 105

³³ Hector Avalos, “Disability and liturgy in ancient and modern religious traditions” in *Human Disability and the service of God: reassessing religious practice*, ed. Nancy L Eiesland and Don E Saliers (Nashville: Abingdon Press 1998), 35

³⁴ Keith Ballard ed, *Disability, Family, Whanau and Society* (Palmerston North: The Dunmore Press, 1994), 11

³⁵ Anne Bray and Sue Gates “Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability”, 44

³⁶ “Fear Not the Disabled” *Christianity Explained* Vol 49 Issue 11, November 2005, 28-29

own mortality.”³⁷ It is this general feeling of fear coupled with a striving to meet the ideals of society that creates the way society treats people with disability. Jurgen Moltmann writes, “as long as fear encourages us to strive for the ideals of health, potency, achievement and beauty, we will continue to develop defence mechanisms toward people who are weak, sick, ugly, and have disabilities.”³⁸ It is therefore not surprising that Deborah Patterson, the executive director of the International Parish Nurse Resource Centre in United States of America, could claim that “the stigma attached to mental health issues is greater than those attached to most physical ailments, with the possible exception of sexually transmitted diseases or other health concerns related to sexuality.”³⁹

This of course raises issues on the effect such societal reaction to mental and intellectual disability has on the person who is the focus of such negative practice. A 2005 article by the New Zealand Mental Health Foundation describes the situation, drawing on an array of research:

Discrimination against, and the stigma of, people with experience of mental illness is widespread (Sayce 1998; Crisp, Gelder et al. 2000). It has an impact on the self-esteem (Link, Struening et al. 2001) and recovery (Perlick 2001) of people with experience of mental illness, as well as affecting all aspects of people’s lives (Penn and Wykes 2003). “Whilst many people in this world face discrimination (on the basis of gender, race, disability amongst others), Gordon, Tantillo et al. (2004) report that discrimination against people with mental illness or intellectual disability seems to evoke the most negative attitudes out of all the disabilities surveyed.”⁴⁰

Because this research paper is about listening to the people affected by these societal patterns, it is to such a person that I give the final word in this section:

³⁷ Donald Senior, “Fractured Images: the body of Christ needs healing” *US Catholic*, Vol 59 Issue 3, March 1994, 14

³⁸ Jurgen Moltmann, 113

³⁹ Deborah L Patterson, “A Spirit of Shalom: addressing mental health needs in congregations” *The Clergy Journal*, September 2008, 44

⁴⁰ Debbie Peterson, “Families’ Attitudes and Mental Illness Literature Review, Mental Health Foundation January 2005” <http://www.mentalhealth.org.nz/file/downloads/doc/file_108.doc> (18 May 2009)

Even when they gave us services in place of witch hunts and torture, these were beyond the town boundary. ... Now we're allowed home but we're still excluded. People don't want us in their streets or their workplaces.⁴¹

Church perceptions of disability

To a large degree the Church in New Zealand mirrors the societal attitudes toward people with mental and intellectual disability. A British study reported in 2001 found that people in churches were more sympathetic towards those with depression than the general population, had a significantly more hopeful outlook on treatment for schizophrenia; were less likely to blame people for alcoholism and drug addiction; that there was no evidence that the addictions were seen as moral weakness or personal failure; and that people in churches “expressed less stigmatizing attitudes than the national figures.”⁴² However research conducted in New Zealand does not confirm this cheery outlook. In 2003 the Church Mental Health Lobby Group published the results of their findings of research based on churches in the Wellington area. They found that the reaction of the congregation depended on the number of people with disability in that congregation. They reported that “where there is one obvious sufferer they are treated very kindly...and their non-ordinary behaviour is treated as a ‘foible’ [however] if there are between two to eight sufferers a change occurs: the congregation has to take account of them and reaction can vary from acceptance to outright hostility [and] above eight sufferers the congregation is in pretty major trauma.”⁴³ Interestingly this New Zealand study also found that “in working class suburbs where the rest of the congregation is in the ‘needy’ zone anyway, [the congregation] is very tolerant of people who have problems.”⁴⁴ This latter fact I can attest to from my own pastorate. The stereotyping evident in societal attitudes identified earlier in this paper by Julie Leibrich, the

⁴¹ Mary O'Hagan [page number]. The author Mary O'Hagan was the Mental Health Commissioner in New Zealand 2000-2007, and an advisor to the UN and WHO.

⁴² Alison J Gray, “Attitudes of the public to mental health: a church congregation,” *Mental Health, Religion & Culture* Vol. 4 No 1 (2001), 76

⁴³ John Stuart and Hugh Brown, *Church Mental Health Lobby Group : a report in documents and reflections.* (Wellington : St Peter's Anglican Church, 2003), 19

⁴⁴ *Ibid*, 20

Commissioner of the Mental Health Commission in New Zealand, is apparent in the church's response also:

Temporarily able-bodied persons tend to reduce the diverse experiences of persons with disabilities into one archetypal model, thus excluding and nullifying stories and lives [despite the fact that] persons with a disability are like those who are temporarily able-bodied: unique, individual, and in need of being heard and participating in corporate, public life, both religious and secular.⁴⁵

In addition to the categories provided by Julie Leibrich, there are some additional categories of discriminatory attitudes that are distinctly faith based and are only found in Christian circles. One of the issues for churches is that people with disability push the parameters of their theological understanding, particularly in what it means to be Christ-like and being made perfect in Christ and similar concepts; and for those ascribing to charismatic and Pentecostal leanings, it challenges beliefs of victorious living and healing. Baptist churches in New Zealand were affected by both these moves of the Holy Spirit in the twentieth century. The influence in the New Zealand Baptist scene was more from the "softer version of [Pentecostalism] that emerged in the 1960s, the charismatic movement."⁴⁶ With this movement, which swept the New Zealand Christian scene, was a diminishing of the understanding of God's companionship with us in pain, and little understanding of "the dark night of the soul" or anything resembling it.⁴⁷ The writer Diane Bengé, writing in the New Zealand setting, recorded this concern in a person she called Mary:

⁴⁵ The authors of this article use the term temporarily able bodied to describe those without disability, contending that able-bodiedness is temporary. Helen Betenbaugh and Marjorie Procter-Smith, "Disabling the lie: prayers of truth and transformation," in *Human Disability and the service of God: reassessing religious practice*, eds. Nancy L Eiesland and Don E Saliers (Nashville: Abingdon Press, 1998), 287

⁴⁶ Laurie Guy *Baptists in Twentieth Century New Zealand*. Auckland: New Zealand Baptist Research and Historical Society 2005, 70

⁴⁷ I am indebted to Dr Lynne M Baab, Jack Somerville Lecturer in Pastoral Theology at Otago University for her guidance in this area.

“How can a Christian get to a position of such hopelessness and despair? Aren’t we supposed to live victorious lives? In confessing to mental illness am I putting a curse on myself? Could I, by admitting I’m depressed, be speaking into existence something that should be no part of a Christian life?”⁴⁸

For many, the issue is one of the linking of disability with sin. According to Helen Betenbaugh, a wheelchair-bound holder of a Doctorate in Ministry, and Marjorie Proctor-Smith, professor at the Southern Methodist University, this “assumption that illness or disability is the result of sin or separation from God is deeply embedded in the biblical religions.”⁴⁹ The age old question asked of Jesus in the Gospel of John 9:2 concerning the blind child – “who sinned the child or his parents?” - continues today, and according to the Ecumenical Disability Advocates Network reporting to the World Council of Churches, “although many Christians consciously deny any relationship between disability and sin (which also includes suffering), some of their attitudes seem to reflect such a link.”⁵⁰ This link between disability and being sufficiently holy to enter the presence of God predates Jesus back to the time of Moses and the setting of the Law, whereby only the unblemished may approach the altar (Leviticus 21:16-24). Not only is there a linking of disability with sin and unholiness / uncleanness but more importantly for people with mental disability, there is a clear linking in churches of mental and intellectual disability with demon possession, taking several examples from the Gospels to found this belief: Jesus healing of the person described as a mute demoniac (Matthew 9:32-34), healing the blind and mute demoniac (Matthew 12:22), healing the demoniac at Gerasenes (Luke 8:26-39) and healing the child showing signs of epilepsy (Matthew 17:14-18). In a New Zealand conference on mental disability, one contributor could claim that “it is generally regarded that punishment and condemnation from God is upon such people. I have experienced this and have also heard many reports from others.”⁵¹ John

⁴⁸ Diane Bengé “Less than Rosy” *Reality* April/May 2005, 16

⁴⁹ Helen Betenbaugh and Marjorie Procter-Smith, 282

⁵⁰ Ecumenical Disability Advocates Network, “A Church of all and for all: an interim statement” (prepared for the central committee of the World Council of Churches meeting 26 August – 2 September 2003 in Geneva, *Ecumenical Review* Vol 55 Issue 4 (Oct 2003), 421

⁵¹ Heidi Dragicevich, “Through the whirlwind: mental illness and spirituality,” in *Through the Whirlwind: proceedings from the Disability, Spirituality and Faith Conference: held at the Brentwood Hotel*,

Raeburn of the Department of Community Health at Auckland University as writing that “while faith communities can be helpful and health promoting, they can equally be quite damaging if they label mental illness explicitly as demon possession.”⁵² This linking of disability to sin unfortunately leads to a questioning of the faith of the person with the disability and even of the faith of the congregation. Sam Kaboe, the Coordinator of the Ecumenical Disability Advocates Network, states that for some

the presence of people with disabilities in the church is a sign that the church is unable to combat the devil that is the source of these infirmities. The response is endless prayers for those in this condition and when these prayers do not yield the expected result, the victim is blamed for having no faith.⁵³

A parent of a child with a disability reported, “I somehow felt that I must apologize to the congregation because my child with mental disabilities and an ongoing chronic illness, did not have a complete recovery, or even worse, as if my faith wasn't strong enough to receive a healing from God for my child.”⁵⁴

Whether churches ascribe to the relationship between mental disability and sin or not, the most common Christian response to people with mental or intellectual disability is to pray for their healing. But this assumption that the primary need of a person with a disability is for a cure is faulty, according to Helen Betenbaugh and Marjorie Proctor-Smith.⁵⁵ Despite this, the Church Mental Health Lobby Group study found that one of the seven responses to people with disability noted among the churches was a healing service, as a partnership between praying/medical care and medication/counselling.⁵⁶

Wellington, New Zealand 1-4 May 2003, ed. Christine M Newman (Wellington : Disability, Spirituality & Faith network, 2003), 64

⁵² J Raeburn “A matter of faith: religion and mental health” in *International Journal of Mental Health Promotion 2 (2)*, 2000), 14-18, cited in Christine M Newman, *Through the Whirlwind: proceedings from the Disability, Spirituality and Faith Conference: held at the Brentwood Hotel, Wellington, New Zealand 1-4 May 2003* (Wellington : Disability, Spirituality & Faith Network, 2003), 64

⁵³ Julia Stuart, “World churches urge new attitudes towards disability”, *Touchstone*, June 2005
http://www.methodist.org.nz/index.cfm/Touchstone/lead_articles/2005/june_2005/churches_disability.html
 (9 May 2009)

⁵⁴ Mel Dugosh, “Inclusion in Church Communities,” Fall 1997
<http://www.tsbvi.edu/Outreach/seehear/archive/index.htm>>(7 March 2009)

⁵⁵ Helen Betenbaugh and Marjorie Procter-Smith, 286

⁵⁶ John Stuart and Hugh Brown, 21

However, as Doctor Laurie Guy, of Carey Baptist College, believes that although the church in this century supports the charismatic movement, there are emerging voices which tend to the view that the charismatic renewal is now becoming irrelevant.⁵⁷ I wonder if, as the Baptist churches moves from this charismatic end of the spectrum back toward the more traditional, perhaps Roman Catholic, understanding of mourning, sorrow and sadness as a gateway to spiritual depth, whether this dichotomy between victorious living and people living with disabilities will have less of an influence within the relationships in the church. However, at the present, that influence still predominates.

Another disturbing revelation related to these issues is that people with mental and intellectual disabilities are often excluded from full participation in church life through denial of membership and denial of partaking of the sacraments of communion (Eucharist or Lord's Supper). An American study found that "many congregations do not count people with developmental disabilities and their families among their members. Even when present, people with disabilities are often found only on the peripheries of congregational life."⁵⁸ Another survey confirmed this and offered a reason why:

Very few churches have developed procedures for initiation of persons with disabilities and especially the intellectually disabled into sacraments prerequisite to full church membership [because] in the process of caring, persons with disabilities are not considered to have anything to offer in the church. Even those willing to serve find it very difficult to be incorporated in to the life of the church.⁵⁹

A very harrowing article on the Church failure to accept people with disability as part of the worshipping body comes from the Roman Catholic tradition in America. Because of the churches "use of reason" criteria of understanding the difference between the sacramental body of Christ and ordinary food before allowing people to take part in Eucharist, a young man with autism was denied inclusion because it was judged that he was unable to meet the criteria, assessed by relatedness. However, as his mother

⁵⁷ Laurie, Guy, 71.

⁵⁸ Erik W Carter, 53

⁵⁹ Julia Stuart.

explained, children with such an illness lack the social skills necessary for such an interaction to take place but this does not mean that they do not understand what is happening around them.⁶⁰

A similar exclusion seems to revolve around the area of believer's baptism. Questions have been asked of me, when considering baptising a person with mental or intellectual disability whether they really understood what they were doing. Whilst the reply "to the best of their ability" is sufficient in our setting, I was not sure that it is the same across the denomination.

Some of this lack of inclusion of people with mental or intellectual disability into the mainstream worshipping community seemed to be caused by the disruption anticipated to the order of the worship. Brett Webb-Mitchell, Assistant Professor of Christian Nurture at Duke Divinity School, North Carolina, claims that "many in churches believe that people with disabilities like mental retardation will either not understand worship or will not act in socially appropriate ways during that time."⁶¹ And the New Zealand study of Wellington churches found that it was this fact which determined some of the response to people with mental and intellectual disability: "Where there are half-way houses about and mental health sufferers come in for services and activities, there is an amount of acceptance by the congregation, but the noise and disturbance during the service has caused some adverse reaction."⁶² This alienation within the church extends past that of worship or participation in the sacraments of worship but also into the area of ministry. Jan Robitscher, of the School for Deacons of the Episcopal Diocese of California, writes that "those who are considered part of the able bodied community ...see 'through glasses darkly' when they view persons with disabilities without a vision of their potential place

⁶⁰ Diana M Martin, "How long before Alex is ready: confusing guidelines still exclude those with disabilities from Eucharist," *National Catholic Reporter*, 5 July 2002, 21

⁶¹ Brett Webb-Mitchell, "Crafting Christians into the gestures of the body of Christ" in *Human Disability and the service of God: reassessing religious practice*, eds. Nancy L Eiesland and Don E Saliers, (Nashville: Abingdon Press, 1998), 268

⁶² John Stuart and Hugh Brown, 20

in the household and service of God.”⁶³ The most damning criticism of the church response comes from the Massachusetts Council of Churches which stated that “our current grasp of ‘integration’ with regard to people with disabilities is comparable to how many of us understood race relations in the mid 1950s [in the United States].”⁶⁴ Whereas the church should be a model of the accessible community, the reality is a far different scenario. Thomas Reynolds, associate Professor of Theology at Emmanuel College at the University of Toronto, and the parent of a child with disabilities, writes:

Far too often such people encounter a symbolic, if not palpably concrete, sign that reads, “Access denied.” This is tragic for both persons with disabilities and non-disabled persons. Certain people are excluded from participation and thus their humanity is diminished. The result also diminishes church communities themselves, as disabling principalities and powers constrict the redemptive work of God.⁶⁵

This attitude must, as Professor John Swinton, the chair in Divinity and Religious Studies at University of Aberdeen, points out, “throw up major questions as to whether or not the church is being faithful to Jesus’ boundary breaking mission, a mission to incorporate marginalised people within God’s emerging Kingdom of love.”⁶⁶

Perception of the church by people with disabilities

Religious faith is as important to people with disabilities as it is to the rest of society. A 2004 survey from the United States of America found 84% of both people with disabilities and those without considered their religious faith to be “somewhat important” or “very important” to them⁶⁷. Two other American surveys found that 82% of churches

⁶³ Jan B Robitscher, “Through glasses darkly: discovering a liturgical place” in *Human Disability and the service of God: reassessing religious practice*, eds. Nancy L Eiesland and Don E Saliers, (Nashville: Abingdon Press, 1998), 144

⁶⁴ Massachusetts Council of Churches, “The Accessible Church: toward becoming the whole family of God,” 2001. <<http://www.masscouncilofchurches.org/docs/accessibility.htm>> (accessed 9/3/09)

⁶⁵ Thomas E Reynolds, *Vulnerable communion: a theology of disability and hospitality* (Grand Rapids, Michigan: Brazos Press, 2008), 13-14

⁶⁶ John Swinton, *Building a church for strangers* (Edinburgh: Contact Pastoral Trust, 1999), 37-38

⁶⁷ Erik W. Carter, 8

had individuals with developmental disabilities in their congregations, and 52% of the people interviewed with developmental disabilities stated that they had attended church in the previous seven days,⁶⁸ and yet another found that “religious belief systems are generally regarded as having a positive impact on family adjustment because they provide a valuable interpretive framework.”⁶⁹ Surveys have also found that after the most common activities of watching television or going to the movies, church attendance is one of the most favoured activities of young persons with disabilities; and that for adults with developmental disabilities placed into independent living situations churches were the most frequently accessed community facilities. It was also found that individuals with disabilities experience the same benefits of religious participation as those without disabilities.⁷⁰ Yet there is a clear perception amongst those with mental and intellectual disability that they are not welcomed or accepted in Christian churches. An adult with mental disabilities expresses herself in this way:

Not only do people with physical disabilities get shunned, but people with [other] disabilities do as well. Many ‘Mega Churches’ define your personal success by the job you hold or the social circles you fit into. Churches make a glaring and condescending spectacle of people who think differently than they. Many times it is assumed that we are stupid and are seldom called upon to fulfil meaningful roles in church life.⁷¹

Some lay the blame for this on the ministerial staff. Marilyn Bishop, a lay minister associated with the University of Dayton’s Centre for Ministry with Disabled Persons, in writing from an American perspective claims that “disabled people are absent from our church congregations ... especially because of the prejudice and discomfort attributable in large part to the absence of education at the seminary level about both the ways and the whys involved in welcoming people who are different, people who apparently do not fit

⁶⁸ Surveys conducted by McNair & Swartz and McNair & Smith respectively and cited in Jeff McNair, “A Discussion of Networks supporting Adults with Disabilities in the Community” <<http://www.jeffmcnair.com/CSRD/networks.htm>> (accessed 9/5/09)

⁶⁹ Research by Haworth, Hill & Glidden in 1996, cited in Jeff McNair, “A Secular Case for Religious Inclusion,” 12 <<http://www.jeffmcnair.com/secularcase.doc>> (accessed 9/5/09)

⁷⁰ Research by Scuccimarra & Speece 1990 and Schallock, Harper & Carver 1981, cited in Jeff McNair, “A Secular Case for Religious Inclusion,” 14

⁷¹ Mel Dugosh

into the structures of creed, belief and ritual.”⁷² And the work of some pastoral staff has been assessed as counterproductive to the wellness of a person with mental or intellectual disability, with as many as 30% of people with mental illness who seek counsel from the church finding that the interaction was counterproductive to successful treatment.”⁷³ Perhaps that is why the Church Mental Health Survey in New Zealand found that churches with more than eight people with mental disability normally had a mental health trained pastor.⁷⁴ Yet other researchers blame the attitude toward people with mental and intellectual disability on service provider house managers and church leaders. Carol Minton and Richard Dodder, writing for the American Association on Intellectual and Developmental Disabilities, wrote in the abstract of their article:

People with developmental disabilities want to go to church and enjoy religious worship. Their full inclusion in activities and developing friendships appears to be quite limited due to the conflicting expectations of house managers and church leaders, the lack of transportation or support staff, and the stereotypical attitudes towards people with developmental disabilities.⁷⁵

But the bulk of researchers place the feeling of not being welcome on the attitudes of the congregants that people with intellectual and mental disabilities encountered at the church: “The major negative effects of disability on an individual are not necessarily the direct physical or mental effects on the person, but rather the negativity the individual experiences from the environment comprised of those without disability.”⁷⁶ Unfortunately this alienation means that people with disabilities are often left feeling like inconvenient objects of pity.⁷⁷ Connie Rakitan, of Oak Park Illinois, and director of a congregation which focused on and catered for people with disabilities in Illinois USA commented:

⁷² Marilyn E Bishop, (ed) *Religion and Disability: essays in Scripture, theology and ethics* (Kansas City: Sheed & Ward, 1995), Pg v of the Preface

⁷³ Matthew S Stanford, “Demon or disorder: a survey of attitudes toward mental illness in the Christian church” *Mental Health, Religion & Culture* 10(5), Sept 2007, 448

⁷⁴ John Stuart and Hugh Brown, 19

⁷⁵ Carol Minton and Richard A Dodder “Participation in religious services by people with developmental disabilities” *Mental Retardation Vol 41, No.6*, p 430

⁷⁶ Jeff McNair, “A Secular Case for Religious Inclusion,” 11

⁷⁷ Massachusetts Council of Churches

The church overall does a poor job addressing the needs of people with serious mental illness. For most people with serious mental illness, the church is not a place of welcome and support. It is instead just one more place for awkwardness, confusion, and isolation. With their faith and self-esteem already fragile, the church is usually “not a place of hope but a place of risk” and rejection.⁷⁸

And clearly, as a secular journalist for the New York Times could see, in an institution which claims to bring hope for all people, “for disabled people, already buffeted by prejudice and isolation, rejection by a house of worship carries more emotional punch.”⁷⁹

The Church’s response to people with mental and intellectual disability

A survey in United States of America found that over 50% of the churches that responded indicated that they provided opportunities for people with developmental disabilities to be involved in service to the church.⁸⁰ No such survey has been conducted in New Zealand. When it comes to worship services there seemed to be only two methods that churches employ to welcome and accept people with mental and intellectual disabilities within the community of Christian faith. The first is full inclusion into the worshipping life of the church and the other is an exclusive worship service focusing on the needs of the people with mental and intellectual disability separate from the main worship services of the church attended by people without disability. There are arguments from the researchers for and against each of these approaches as to whether they really create an inclusive atmosphere amenable for people from diverse sectors in life.

⁷⁸ Meinrad Scherer-Emunds, “An Oasis of Peace” *US Catholic Vol 67 Issue 5*, May 2002, 36

⁷⁹ Steven A Holmes, “When the Disabled face rejection from Churches that nurtured them” *New York Times* 30 September 1991

⁸⁰ Survey by McNair & Swartz, cited by Jeff McNair, “A Discussion of Networks supporting Adults with Disabilities in the Community”

Three researchers point out that a sense of belonging is the central issue related to church participation by people with disabilities:

There is a general agreement that an essential component of the experience of community is a personal feeling of belonging. A sense of belonging also includes experiencing support and greater control over one's life (Biklen 1983). It is clear, therefore, that "community participation" must involve participation in the "social life of the community through a growing network of personal relationships" (O'Brien 1987). For a positive experience of community participation, adults with an intellectual disability need to be able to be involved in various community places and activities free from discrimination and abuse from other community members (Menard 1997).⁸¹

The findings of researchers were that a sense of belonging can only be achieved through "social relationships, networks, and acceptance"⁸² in a loving community that nurtures, supports and prays with people with disabilities.⁸³ A summation of this need of a sense of belonging comes from Howard Clinebell, a Christian psychologist:

A 'good church', like a 'good marriage,' is one within which persons find a quality of relatedness which satisfies their heart-hungers. The inspiration, fellowship and sense of belonging which comes from involvement in the life of a church where people are 'members one of another' (Romans 12:5) is an important source of psychological nourishment.⁸⁴

The arguments around a church of full inclusion

In relation to the argument for inclusion of all people in a worshipping community regardless of disability, the Ecumenical Disability Advocates Network in 2003 summed the situation well: "The church is by definition a place and a process of communion, open

⁸¹ Anne Bray and Sue Gates, "Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability,"¹³

⁸² *ibid* 25

⁸³ Gerald Moede, "God's Power and Human Ability" *Ecumenical Review Vol 36 Issue 3* (Jul 1984), 295

⁸⁴ Howard J. Clinebell, *The mental health ministry of the local church* (Nashville: Abingdon Press, 1972), 25

to and inviting all people without discrimination. It is a place of hospitality and a place of welcome”⁸⁵ and the consensus of those advocating full inclusion claim that it will be a positive experience for all concerned⁸⁶ and will result in “a variety of benefits to the faith community itself.”⁸⁷ It is argued by these advocates that the natural progression from merely welcoming people with disability is to include them in the life of the church completely: “A church that welcomes the disabled is great, but a bolder step forward is for churches to be inclusive. When people with disabilities are recognised as participants, not as ‘the needy’, we all benefit.”⁸⁸ Donald Senior went so far as to say that “a church that is not inclusive of people who are disabled is incomplete and is not yet the body of the crucified and risen Christ.”⁸⁹ And more strongly still, Hannelore Adamson, a sociologist and consultant in Geneva for the United Nations International Year of Disabled Persons, wrote that “when the handicapped are missing the community itself becomes handicapped.”⁹⁰

One of the arguments put forward supporting such an inclusive schema is that the church which is supposed to represent the bride of Christ cannot be the image of God if one part of humanity is excluded. “When any one of us, or a group of us, is excluded because of some lack of ability, we are prevented from using our God-given gifts to make Christ’s body complete. Together let us make the beautiful mosaic that God intends”⁹¹ and “the integration of disabled persons within the church gives testimony to God’s love as expressed by all his sons and daughters.”⁹² The language about the Body of Christ used by Paul in the Epistles clearly indicates a full inclusion policy:

⁸⁵ Ecumenical Disability Advocates Network, 429

⁸⁶ Leonie Reid, “Giving and receiving: we enter a faith program thinking we are giving of ourselves... we receive much more” in *Voices in Disability and Spirituality from the Land Down Under*, eds. Christopher Newell and Andy Calder (Binghamton New York: Haworth Pastoral Press, 2004), 127

⁸⁷ Jeff McNair, “A Secular Case for Religious Inclusion,” 15

⁸⁸ “Fear not the Disabled” *Christianity Explained Vol 49 issue 1*, November 2005, 28-29

⁸⁹ Donald Senior, “Beware of the Caananite Woman: disability and the Bible” in *Religion and Disability: essays in Scripture, theology and ethics*, ed. Marilyn E Bishop (Kansas City: Sheed & Ward, 1995), 25

⁹⁰ Hannelore Adamson p 347

⁹¹ Ecumenical Disability Advocates Network, 420-421

⁹² Ecumenical Disability Advocates Network, 428

If we take seriously the Apostle Paul's language concerning the Body of Christ...it becomes clear that people with learning disabilities are not a group that stands somehow apart from the rest of the Body and whose special needs have to be catered for apart from the needs of the whole Body. Rather they are integral to the very shape of the Body.... The task of the Body of Christ is to accept them precisely as they are and to allow their stories to become part of its own continuing story.⁹³

And in that story telling, it is only in the shared fellowship between those with and without disability that, as Jurgen Moltmann describes, we can "experience a new humanity."⁹⁴ That new humanity has less to do with self sufficiency and independence, but more to do with "sharing our humanity with one another in light of the grace of God."⁹⁵ The New Zealand researcher Eileen Shamy points out that "attention to [each person's spiritual] dimension is nothing more than acknowledging the full humanity of every person."⁹⁶ It is also claimed that an inclusive church is a witness to society of the "otherness" of the Christian faith and of the way society should function - we can either claim inclusiveness as a value we want to model to society or not,⁹⁷ but the lack of people with disabilities in our churches, and in key roles in our churches, tells a story of the attitudes and beliefs of the people in our churches⁹⁸ regardless of our rhetoric. As Gerald Moede, the research secretary of the Faith and Order Secretariat of the World Council of Churches in Geneva Switzerland, points out:

The church cannot exemplify "the full humanity revealed in Christ", bear witness to the interdependence of humankind, or achieve unity in diversity, if it continues to acquiesce in the social isolation of disabled persons and to deny them full participation in its life. The unity of the family of God is

⁹³ John Swinton, *ibid*, 37

⁹⁴ Jurgen Moltmann, 122

⁹⁵ Thomas E Reynolds, 18

⁹⁶ Eileen Shamy, 85

⁹⁷ Keith Ballard, "Research, Stories and Action" in *Disability, Family, Whanau and Society*, ed. Keith Ballard (Palmerston North: The Dunmore Press, 1994), 305

⁹⁸ Don E Saliers, "Toward a spirituality of inclusiveness" in *Human Disability and the service of God: reassessing religious practice*. Ed. Nancy Eiesland and Don E Saliers (Nashville: Abingdon Press, 1998), 30

handicapped where these brothers and sisters are treated as objects of condescending charity.⁹⁹

This behaviour and attitude of inclusion not only models right living to society but also reflects values to the church. It says, again quoting Gerald Moede, that “people with disabilities have a vital witness which the entire church needs to hear, to understand, and to embody.”¹⁰⁰ Humanity has a tendency to associate God’s power and victory with our power and success so the presence of people with disabilities in the church grounds us in a reality check.¹⁰¹ The fact that there are people in the congregations that have mental and/or intellectual disabilities may help Christians understand in a deeper way that God works through weakness, sorrow and sadness. This awareness of the “man of sorrows” seems to be lost in a charismatic, triumphalistic Protestant world. As Robin List reported to the Disability, Spirituality and Faith Conference held in Wellington New Zealand:

The question is not what does God want us to do/for, or even with, intellectually disabled people? But rather what is God saying to us through them? What qualities of theirs must we develop in our lives in order to hear them, and thus God, better?¹⁰²

Not only is it a corrective, it creates a feeling of community where those with and without disability can cohabitate. The New Zealand researchers Anne Bray and Sue Gates assert that “for adults with an intellectual disability, community participation usually means doing things with non-disabled people, not only with other people who have an intellectual disability. It can involve lots of different areas of our lives – school, work, leisure, sports, getting ‘out and about’, friendships, helping other people”.¹⁰³ A most telling example of this comes from a chaplain in United States of America, Richard Doebler, who found that those with disabilities preferred to attend services in the

⁹⁹ Gerald Moede, 292

¹⁰⁰ Ibid 291

¹⁰¹ Ibid 293

¹⁰² Robin List “Intellectual Disability and the Beatitudes” in *Through the Whirlwind: proceedings from the Disability, Spirituality and Faith Conference: held at the Brentwood Hotel, Wellington, New Zealand 1-4 may 2003*. Ed. Newman, Christine M (Wellington : Disability, Spirituality & Faith network 2003), 103

¹⁰³ Anne Bray and Sue Gates “Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability”, p5

community rather than chapel services on site. He claimed that “they thrived on interaction, fellowship and worship with other believers.”¹⁰⁴ Full integration has a normalising effect on people with disability and that cannot be achieved through occasional worship services or specialist worship services.¹⁰⁵ It is in the reactions of those without disability that validates the life and value of that life to those with disabilities, this validation is not achieved by emphasising the “specialness” of these people, but by incorporating them in the ordinariness of life and the church is one of the prime locations for this to be achieved.¹⁰⁶ The participation of people with disabilities in the mainstream church life should not be seen as something extraordinary¹⁰⁷, but rather as the ordinary. It is this ordinariness of participation in church that the New Zealand researcher Eileen Shamy, writing on the particular mental disability of Alzheimer’s Disease, proclaims:

If they have been regular worshippers in the past, most people in an early stage of Alzheimer’s Disease will wish to remain in their own worshipping congregations for as long as they find that helpful and reasonably comfortable [and that] we must never overlook or underestimate the normalizing power of genuine servant love. Caring, informed people can become keepers of the boundaries of independence and interdependence for those suffering with diminishing life skills.¹⁰⁸

She also reminds us that “the opportunity to experience worship in the gathered community cues the remote memory, conferring again a sense of self in relationship to the Creator God.”¹⁰⁹

¹⁰⁴ Richard Doeblar, “Lowering Thresholds” in *Your Church Vol 42 Issue 3*, May/June 1996, 2

¹⁰⁵ Helen Betenbaugh and Marjorie Procter-Smith, 291

¹⁰⁶ Andy Calder, “God has chosen you – really? A pastoral and theological appraisal of this and some other well-known clichés used in Australia to support people with disabilities” in *Voices in Disability and Spirituality from the Land Down Under* eds Christopher Newell and Andy Calder (Binghampton New York: Haworth Press, 2004), 12

¹⁰⁷ Colleen Grant, “Reinterpreting the healing narratives” in *Human Disability and the service of God: reassessing religious practice*. Eds. Nancy L Eiesland and Don E Saliers (Nashville: Abingdon Press, 1998), 85

¹⁰⁸ Eileen Shamy, p 93

¹⁰⁹ *Ibid* 111

To conclude the arguments for full inclusive worship services, let me quote again from the Ecumenical Disability Advocates Network: “Responding to and fully including people with disabilities is not an option for the churches of Christ. It is the church’s defining characteristic.”¹¹⁰

Those opposed to the concept of full integration do so on the grounds that full integration has not been achieved even by those who claim such a position. They claim that people with disabilities are required to fit into the existing church practice without any movement from those with no disability. The issue is still largely conceptualised as one of fitting adults with an intellectual disability into existing communities – which may or may not be welcoming – rather than considering changing the communities themselves to become less prejudiced and more inclusive.¹¹¹ The New Zealand researchers Anne Bray and Sue Gates claim that “simply trying to ‘fit’ adults with an intellectual disability into existing structures and community activities, without addressing issues of discrimination, devaluation, and rejection – is bound to fail”.¹¹²

Some people with disabilities would argue that despite their attendance in an integrated worship service they are treated as “mere service consumers [and] they will not be seen as citizens actively engaged in community life.”¹¹³ Part of this consumer label perception may exist because of a lack of people with disabilities in all strata of leadership and in the decision making processes of the church.¹¹⁴ If they had a voice in plans and priorities that directly affect them,¹¹⁵ this perception may disappear.

¹¹⁰ Ecumenical Disability Advocates Network, 429

¹¹¹ Anne Bray & Sue Gates “Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability”, 44

¹¹² *ibid* 13

¹¹³ *ibid*

¹¹⁴ Gerald Moede, 296

¹¹⁵ Hannelore Adamson, 349

The argument about exclusively focused and targeted worship services

In many churches, the response to people with mental and intellectual disability has been to either create separate worship services on another date or time from the main service or to create alternative vehicles for worship and care of those people through a community trust set up for that purpose. An example of the former is Spreydon Baptist Church which runs an evening church service designed to accommodate and encourage people with psychiatric disorders, physical disabilities and those who have lost their quality of life through a wide variety of health and social issues.¹¹⁶ A New Zealand example of the latter is Joy Ministries (NZ) whose brochure describes them as an interdenominational Christian organisation that gives individuals with an intellectual disability the opportunity to come together to worship and learn about God. The rationale for creating such separate worship services is born from a perceived need. As the Joy Ministries¹¹⁷ brochure states: “As many traditional services are not able to cater to the special needs of these people, Joy Ministries provides a safe and positive environment where they can come and learn about Jesus through prayer, worship and activities.” One person with mental disability in Illinois United States of America stated: “regular church services with their crowds and loud music [are] overwhelming.”¹¹⁸ But when asked what he liked about the separate focused worship gathering for people with disability, he replied, “It’s a safe and welcoming place. I feel at peace when I’m here.”¹¹⁹

Another reason cited for the exclusive worship scenario is that of protection from discrimination and abuse for the people with disability,¹²⁰ and for a need to belong to a social group of people who understand them.¹²¹ It is also argued that the special needs of the congregants can be met with a focused worship service. Eileen Shamy speaking of

¹¹⁶ http://www.spreydon.org.nz/index.cfm/information_centre/services_this_week, accessed [date]

¹¹⁷ Joy Ministries National leadership, Onehunga New Zealand. Branches in Hamilton, Rotorua, Hastings, Whakatane, Masterton, Auckland.

¹¹⁸ Meinrad Scherer-Emunds, 36

¹¹⁹ *ibid*

¹²⁰ Anne Bray and Sue Gates “Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability”, p.13

¹²¹ *ibid*

people with dementia claims that “gathering to worship in ways relevant to the special needs of people with Alzheimer’s Disease and other related conditions adds to their quality of life. Worship is a resource for spiritual health and well being.”¹²²

The arguments against this focused exclusive separatist worship service for people with mental and intellectual disability are that it perpetuates the otherness of disability of being in but not part of the community¹²³ and of being out on the fringes.¹²⁴ The Australian writers Christopher Newell and Andy Calder point out that the “fact that such special programs need to exist at all highlights significant problems existent in established faith communities (as people and structures) as they routinely create people with disabilities as *other*.”¹²⁵ The Disability Spirituality and Faith Conference held in New Zealand in 2003 heard that:

The moment we start to draw the circle representing disabled people outside all other circles which represent the parts or whole of society, we are moving onto the very dangerous ground of taking upon ourselves the ability and power to decide just who is a human being and consequently just whom we may exclude from that status... There are well intentioned people who are dangerous to the health of disabled people and their families.¹²⁶

The result of this segregation, however well intentioned the motives, can be counterproductive – it inherently teaches that people with disabilities are not good enough to belong.¹²⁷ But worse still, this segregation tells the world and those attending church, in the words of two Australian researchers Rev Dr. Ann Wansbrough, who is the co-chair of the Social Justice Network of the National Council of Churches, and her co-author Nicole Smith, that somehow “disability changes the nature of one’s humanity.

¹²² Eileen Shamy, 113

¹²³ Anne Bray and Sue Gates “Community Participation for adults with an intellectual disability: review of the literature prepared for the National Advisory Committee on Health and Disability to inform its projects on services for adults with an intellectual disability,” 23

¹²⁴ *Ibid* 6

¹²⁵ Christopher Newell and Andy Calder (eds) *Voices in Disability and Spirituality from the Land Down Under* (Binghamton New York: Haworth Pastoral Press, 2004), 2

¹²⁶ Robin List, “Intellectual Disability and the Beatitudes” in *Through the Whirlwind: proceedings from the Disability, Spirituality and Faith Conference: held at the Brentwood Hotel, Wellington, New Zealand 1-4 May 2003* ed. Christine M Newman. (Wellington : Disability, Spirituality & Faith Network, 2003), 98

¹²⁷ Rod Wills, “It is time to stop” in *Disability, Family, Whanau and Society* ed. Ballard, Keith (Palmerston North: The Dunmore Press, 1994), 263

Disability becomes the basis of one's humanity and one's participation in the Church. This undermines some of the central theology of the Christian faith."¹²⁸

Conclusions from the published research

Whilst there are some very compelling arguments for an exclusively focused separate worship service for people with mental and intellectual disability, it is clear that the bulk of the experts believe that full inclusion, albeit flawed by the attitudes of those who do not have a disability is the better approach for churches to undertake. As Dr. Jeff McNair, Professor of Education at California Baptist University concludes: "without question, the local church offers the *potential* for the greatest degree of integration of persons with disabilities."¹²⁹

Dr Hannelore Adamson turns the argument to one of being about the reflection of God: "The church must ensure that those who are not fortunate enough to have good health can participate fully and freely in the worship, services and activities of their parish, for otherwise it will discredit and dishonour Christ who saved others, but would not save himself."¹³⁰

¹²⁸ Ann Wanbrough and Nicola Cooper "Recognising all members: the place of people with disabilities in the Uniting Church in Australia." in *Voices in Disability and Spirituality from the Land Down Under*. Eds. Christopher Newell and & Andy Calder (Binghamton New York:Haworth Pastoral Press, 2004), 147

¹²⁹ Jeff McNair, "A Discussion of Networks supporting Adults with Disabilities in the Community"

¹³⁰ Hannelore Adamson, 347

The Voice of the People

The Otago Southland Association of Baptist Churches covers the churches located in the regions of Otago and Southland that are affiliated to the Baptist Union of New Zealand. The seventeen churches in this Association area have a total of 1612 adults reported as attending the worship services of those churches in 2008¹³¹. Only two of those churches (Dunedin City Baptist Church and South Dunedin Baptist Church) hold designated services and/or groups on their premises which focus on people with disabilities.

Dunedin City Baptist has a group called Way Up and consists of a weekly Sunday night meeting for men with mental and intellectual disability. The meeting is described as an informal worship service, with a speaker, a time to share and discuss and an offering to cover costs. An average of ten to fifteen men attend weekly. It has its own leadership structure consisting of four people, three of whom are without disabilities and one with a disability. The group operates under the umbrella of the parent church. It holds a monthly social event – a lunch – in which women with the same disabilities are invited. This monthly event attracts an average of fifteen to twenty five people. Its coordinator is James Irwin, a former pastor, an elder of the parent church, a lecturer at the Otago University and father of a young man with developmental delay.

South Dunedin Baptist Church hosts a monthly meeting of the Christian Fellowship for the Disabled. This organisation is interdenominational and has been operating since 1981. It has 60 people with physical, intellectual and psychological disability attending. The monthly event takes the form of a worship service. The coordinator is Patsy Appleby-Morrison, the wife of one of the leadership of the hosting church and who has been a nurse in Dunedin for over 40 years.

Given that there is a church attending population base of over sixteen hundred people, I believed there would be sufficient sample for the purposes of this research within the region. The statistical and demographic data of population dispersion of people with

¹³¹ Baptist Union of New Zealand *Directory 2009* 120

mental and intellectual disability would suggest that there would have been sufficient suitable participants in the churches of the Association for such a study. The fact that two of those churches ran alternative services for people with mental and intellectual disability suggested that my hypothesis could be checked in this region, in that there were churches that provided inclusive services for such people and there were churches that provided exclusive services for such people. As a result, consent was obtained from the University of Otago Ethics Committee to conduct this research.

Method

This goal of this qualitative research is “to capture what people say and do as a product of how they interpret the complexity of their world, to understand events from the viewpoints of the participants. It is the lifeworld of the participants that constitutes the investigative field.”¹³² The research involved conducting interviews with those in these churches with mental or intellectual disability. The criteria for inclusion was that the person had to have a mental or intellectual disability as defined by the Ministry of Health: The person had to be identified as having a psychiatric or intellectual disability (or a combination of these) which was likely to continue for a minimum of six months and result in a reduction of independent functioning to the extent that ongoing support was required¹³³. Identification and referral of suitable candidates was made by the pastors of the churches, and by subsequent snowball sampling from those interviewed. This method was chosen over quantitative research because I was attempting to understand the churches response from the users own frame of reference¹³⁴ as it is lived, felt or undergone by them¹³⁵. I wanted to recognise the importance of that subjective, experiential lifeworld of the end users of the services provided by the church. To that end I created an Interview Guide questionnaire (see Appendix A) which relied on some general themes to be explored with all the participants. This allowed a conversational

¹³² Robert B Burns *Introduction to Research Methods 4th Edition* Frenchs Forest NSW: Longmans 2000, 11

¹³³ Ministry of Health *The New Zealand Framework for Service Delivery: Disability Support Services* Wellington: Ministry of Health 1994, 8

¹³⁴ Blaxter, Lorraine, Christina Hughes & Malcolm Tight *How to Research 2nd edition* New York : Open University Press 2001, 65

¹³⁵ Ibid 64

style of interview¹³⁶ appropriate to the effect of the disabilities on the participants' communication and cognitive skills. The questions were in the form of starters on a topic, which allowed the participant to address any issue that they wanted to identify and divulge under that title heading. There were prompts on the interview guide for me as the interviewer to raise should the participant need some direction in forming some answers, but these prompts were indicative rather than comprehensive or exclusive. The participants were not given a copy of the questionnaire but it formed an aide memoir for me. The questions were framed to test some of the key issues discovered in the published research. The first question delved into whether participants felt that the church was welcoming to newcomers with qualifying disabilities. The second looked at what steps the participants were aware of being taken by the church to incorporate the person into the life of the church, and why the participants stayed in that particular church. Questions three and four were concerned with membership and baptism as these appeared to have been issues identified in the published research. The sixth question investigated how the worship service was received by the participants, whether they felt it was inclusive of people with disabilities and tried to identify any issues that detracted from full involvement in the service. The seventh question looked at the perceived acceptance of people with disability into roles and positions within the church. The eighth asked about the perception of being accepted by the church members by asking how the church members reached out a helping hand. The ninth and tenth questions looked at the church from a positive effects point of view and from a negative effects point of view of the participants. The eleventh asked the question which seemed to feature prominently in the other readings about the claimed cause of the participants' disability, particularly looking at whether sin was considered an option for the cause. Finally, the last question asked participants to rate themselves against other church attendees in the area of worth. The intention of this line of questioning was not to be concerned with objective truth but rather with the truth as the participant perceived it¹³⁷. There was overlap in the replies to individual questions. Answers were recorded in longhand by me as the interviewer in the

¹³⁶ D'Cruz, Heather & Martyn Jones *Social Work Research: ethical and political contexts* London: SAGE Publications 2004, 111-112

¹³⁷ Burns 388

words of the participant and later transcribed into the typewritten format. Interviews took between 30 minutes and an hour per interview.

I approached the pastors or leadership teams of all the seventeen churches in the region in person, by letter and email and asked them to recommend and introduce suitable adults within their congregations meeting the criteria I provided who would be willing to be interviewed for this project. I excluded people who due to the severity of their disability lacked the necessary comprehension or communication skills.

As a result I received replies from some of the churches (Green Island, Queenstown and Te Anau) advising they had no suitable candidates. Dunedin City Baptist Church offered seven candidates and more if I wanted them, South Dunedin Baptist Church offered three candidates and more if I needed them. Invercargill Central Baptist Church considered they could offer three candidates but in the end found only one fitting the criteria. Gore Baptist Church provided three candidates. Caversham Baptist suggested that they may have two to four possible candidates. Although I was aware that Eastside Baptist had many fitting the criteria, because I was the pastor of that church I exempted myself on ethical grounds from speaking with them, with two exceptions. One participant from that church was the mental health users' spokesperson and chairperson on two Invercargill standing consumer committees – one at Southland Institute of Technology and the other on the Southland District Health Board – and was a paid support person for the local branch of the Schizophrenia Fellowship; the other was attending another Baptist church when her illness started to become apparent.

The striking initial impression from this foray into the churches membership was, apart from the two churches which ran alternate services and groups for people fitting the criteria, there was an apparent lack of suitable candidates offered for interview, despite the demographics for ratios of people with disabilities in the general population suggesting there should have been more than a sufficient number of people to choose from. There are several options open as possible explanations for this apparent lack of suitable referrals meeting the criteria. One is most disturbing: that people with such

disabilities are largely absent from the Baptist churches. Another reason, and no less disturbing, could be that pastors are unaware of the presence of such people in their congregations. This possibility is given credence by participants who commented that because their disability is not physical or that they kept the knowledge of their disability out of the public domain and restricted the number of people who knew of that disability, many in the church would not know of their disability. One participant claimed that when she was offered a team leader role in children's ministry that the pastor asking her would not have known of her bipolar condition (2F).¹³⁸ Given the pastoral role of visitation, pastoral care and counselling, I find this explanation of pastoral lack of knowledge less likely, particularly in light of several participants identifying pastoral staff as knowing of their disability and helping them to become involved in the church. The third offered by one pastor is that in an integrated church the leadership of the church do not want to identify people with disabilities as different, because that would detract from the integration and label people as others.¹³⁹ The only reliable means of determining the truth of this apparent lack of suitable candidates in these churches would be to commission a whole-of-church survey on the congregants' mental health which is outside the parameters of this research.

People who attend alternative services

A total of ten people who attended either the alternate services run by or at Dunedin City Baptist Church (called Way Up) and South Dunedin Baptist Church (called the Christian Fellowship for the Disabled) were interviewed. The self disclosed disabilities in this group included developmental delay, paranoid schizophrenia, schizophrenia, borderline personality disorder, chronic depression, gender dysphoria, anxiety disorder and bipolar. Two also had cerebral palsy which, although not a qualifying mental disorder in itself, often has accompanying qualifying disorders. People who attended these alternative services found that there was a perceived benefit in attending the focused group which

¹³⁸ In order to protect the anonymity of the participants, each has been assigned an alpha numeric code. The prefix 1 denotes those from churches which run 'exclusive' services, the prefix 2 denotes those in fully integrated services.

¹³⁹ Personal interview with Colin Wood, assistant pastor Invercargill Central Baptist Church, 30 July 2009

was better met by that group over the regular worship service. The principal reason identified was that they were with people having to deal with the same issues. One described this by saying “People understand how you are feeling because they have illnesses too”(1C). Another participant was more forthright: “Half the patients are the same, all facing the same stresses. We are all feeling that pain of crap” (1I). It was felt that these alternate services served “a really useful purpose in the bigger picture of [the church]” (1B) and that there was no judgment of identification of ‘otherness’ at these exclusive events. The participants identified that although these groups were set up with a particular target group in mind, they focused on “abilities not disabilities” (1G). Another warned people to “never judge people by their disability” (1F), and yet another liked the group because it was recognised that each person was an individual: “We have mental illness in common, although our personalities and characters are diverse”(1B).

Having identified that exclusive nature of the services however, the alternative services for people with disabilities run by the churches were seen by the participants as complementary to and not in competition with the main worship services of the church. Most people interviewed who attended those services also attended the main worship services on a Sunday morning at the churches and considered the group to be part of and not alienated from the main body of the church: “I enjoy going to both the church and to [it]” (1B); “We consider ourselves to be part of [the church]”(1D).

The interviews also indicated that there seems to be no exclusion from participation in membership of the church on the grounds of disability. There was also no barrier to acceptance as a candidate for baptism, nor in being involved in ministry within the church on any grounds relating to mental or intellectual disability. Those who applied for membership were accepted, those who chose to put themselves forward for baptism were baptised, and those who chose to be involved in any ministry or helping in the church were given a role. The nature of the disability, however, could affect how some participants viewed their acceptance in ministry roles which they acknowledged may not be the reality of the church but an effect of their disability: “I am not involved. I feel

there is no place for me in leadership or ministry. I have not been told that, it is my feeling that is the case”(1B).

One interesting clue to the success of integration of people with mental and intellectual disability into the specific ministries and the whole body of the church became apparent in the interviews with those from the two Dunedin churches. The continued presence of people with disabilities in the church seems to be linked with a key person in the church who had struck up a friendship and expressed empathy for the people and had such a passion for them that they became the key contact point and support within the church for the people with mental and intellectual disability in both the alternate service and the main worshipping body of the church. This empathy and love extended past merely their roles of the co-ordinator or ministry leader. One leader was a nurse of forty years and had contact with people fitting the criteria through the local hospital: “I had known [the nurse] for many years through hospital when I overdosed and self harmed and she welcomed me here. She loves people, people who are in a minority” (1E). The other key leader had an adult child with an intellectual disability. But more than empathy there was a sense of these support people going out of their way to ensure that the people with these disabilities were included in church life: “He has gone out of his way to support me. No one else has done so much. He treated me the same as anyone else”(1D).

These people in key roles made phone calls to check on those living alone (1I), they took them home to lunch (1A), picked them up for church events (1A, 1C), and even went as far as paying for taxis out of their own pocket for them to attend events when it was raining (1F).

Participants were asked questions that looked at the friendliness of the church structure and format of the church worship services to people who had disabilities from the viewpoint of those with disabilities. Three participants talked about the challenge of length of time requiring concentration (1C, 1A, 1B). One of them commented that “concentrating in the service can be tricky if I had a bad night the night before” (1A). Another had a concern which related to his illness about the lack of directions in the unstructured parts of the service: “I do not like the unstructured parts of the service,

where there is a lack of clear instructions of the logistics, like in communion – how we go to the front to get the elements” (1B). The issues raised were as varied as the nature of the illnesses of the participants. Their needs in a worship service environment correspondingly were different from individual to individual, for example participant 1I’s comment that “Women taking a bit of an interest in me creates chaos in my head” was his alone.

There was also praise for the worship service environment, for allowing space for wheelchairs by having chairs instead of pews (1F), for having a format which was “relevant to worship God” (1B), and that there was a sense of the presence of God: “It was so peaceful that I would fall asleep” (1A). One respondent realistically summed up the situation of services catering for people with mental and intellectual disabilities quite well: “The services do not cater for people with disabilities but I don’t know how you would” (1D).

On asking them to think back to the time when they first attended the worship service of the churches, participants made unanimous comments that they had been welcomed, and detailed the things they liked about the welcome: hand shaking, smiling and being introduced to others (1A, 1J, 1D).

In relation to the preaching at the churches, again there was almost universal affirmation that the sermons were understandable by people from “across the spectrum of levels of wellness” (1B). The sermons were relevant for life lived (1A). But once again it depends on one’s cognitive ability and one respondent made the comment that “listening to the preaching for me is painful because I don’t know what the hell they are talking about. They are just not reaching me” (1I). In the area of the singing during the worship services, there was once again a universal response that it was well received by the participants. A beautiful word picture was provided by one respondent: “When they play the piano I go to sleep. God relaxes me, it feels like he pushes me back in the seat, melts me into the seat. I have renewal inside because of Jesus” (1F).

In reflecting on the post-service fellowship at the church, all participants felt they were included and helped and catered for. People approached them and were “friendly and open and willing to talk after the service. People are open to meeting, talking and introducing themselves” (1B).

The mid week activity or group needs for the people attending Dunedin City Baptist Church seemed to be met by the “Way Up” group designed and run for people with disabilities. However there was or had been involvement with people with no disabilities in other mid week small groups by at least one participant which had not been a good experience for him. Although he acknowledged that being invited to a mid week Bible study helped him to stay at the church, he left the group because “they were mostly people without disability and I felt like the odd man out” (1D).

When the participants were asked what caused them to cringe in church, three issues were raised. One related to questions from other church congregants about the nature of their illness, in particular why they were living in the mental hospital (1A). Two participants commented on questions related to their source of income as most were on a Government benefit with some supplementing with part time jobs: “To be on a benefit is seen by some people as bad. It makes me think of self esteem issues”(1B). Another cringe factor for people with mental and intellectual disabilities related to the inappropriate behaviour of other people with disabilities in church which draws attention to the disability (1A).

There was a universal feeling of acceptance from the church by the participants. Two participants with schizophrenia identified that whilst their illness told them otherwise, they realised their thoughts were not true: “Schizophrenia makes me think things are wrong between me and someone else so I have to keep checking that out with them. Some people ask me to stop, telling me that they will tell me if there is a problem” (1D).

When it came to their self talk on the question of feeling as good as others, most felt as valued as others, but two commented on self esteem issues being inherent with their

illness: “I don’t feel as good as others. I haven’t got their bank accounts. They are better characters than me, but I have a few good buddies down there” (1I).

People mainstreamed into congregations

Another nine people were interviewed from churches from the region, other than Dunedin City and South Dunedin, where there was no complementary alternative services held for people with mental and intellectual disability and where people with disability were integrated into the general worshipping life of the church. These people had a range of self disclosed disabilities: Obsessive Compulsive Disorder, Schizo-affective disorder, depression, bipolar and anxiety.

The required number of participants was much more difficult to find in this sample and some from these churches were approached without referral by the pastors (who appeared not to find them suitable candidates for selection) through snowballing from participants in other churches and from my personal knowledge.

These responses were similar to those in the alternative services in that they indicated that there seems to be no exclusion from participation in membership of the church. There was no barrier to acceptance as a candidate for baptism, nor in being involved in ministry within the church on any grounds relating to mental or intellectual disability. The only limitation seems to have been a self imposed limit relating to self doubt arising from their disability (2H).

The participants were asked the same questions which looked at the friendliness of the church structure and format of the church worship services from the viewpoint of those with disabilities. Again the issue of the ability to concentrate was identified by three of these participants (2E, 2C, 2A). The cause of that inability to concentrate was identified as being the heat in the auditorium (2C), the distraction of people (adults and children) moving in and out of the auditorium during the service (2C) or the medication the participant was taking: “My medication causes my head to go down and my eyes shut during the service. I try to change my medication times so I can stay awake. I get sleepy

if I am inactive. When sitting during the sermon my body gives out even if I am interested in the sermon” (2A). Another spoke of his struggles with the actions of people unaware of his particular issues: “Women with low cut tops are distracting and also breast feeding. I try to keep safe but they are in your face” (2C).

Several participants were positive about the ability to be absorbed into a larger congregation, therefore being somewhat invisible if they chose: “There is enough people in the church to get lost in but small enough to get close. I can socialise if I want to or not if I don’t” (2D). The same participant spoke of the constancy of routine in their congregation: “I can stay away for 3-5 weeks and come back and the people are still the same. That’s a huge thing for me. I hate change” (2D). Another person identified that in her church there are no altar calls to the front of the church but that there is a prayer room off to the side where one can go when they are upset and needed prayer and someone would come and pray with them. She found this was good because it provided privacy (2F).

When asked to think back to the time that this group of people first attended the worship service of the churches, there was less consensus among the responses about how well they were welcomed. Although some felt they were greeted well (2B, 2D), others felt less so: “I used to feel shut out, the greeters did not greet me” (2A). “I did not feel part of this church for quite a while until I got into a home group, that is because there was so many people” (2E). Others were ambivalent about their welcome: “The people were not overwhelming in friendliness but did not give us the cold shoulder either”(2I). One even related the story of having to ask directions to the toilet or picking up welcome packs on different occasions just so she could be engaged in conversation (2F). Most participants identified that they first tried their particular church because they had some friends already attending, or in the case of one, that her child was attending the church youth group (2I).

On reflecting on the preaching at the services, there was consensus among this group of participants that it was relevant and understandable. And similarly with the singing, that it was considered to be appropriate for people with disabilities. There was some difference of opinion between some participants about which songs were appropriate for their disability. One felt that the up tempo songs which focused on Jesus rather than self were better for him and his depression (2H), another felt that songs that focused on the individual were fine "as long as you don't take it that you are a worm or get drawn down by it, but those songs help God minister, like a wounded healer" (2I). It was recognised that whilst worship leaders choosing songs consider the particular congregation and were sensitive to the needs of the group, they probably were not catering particularly for people with depression (2H, 2I).

The post service fellowship was identified as a major place of discomfort for most of these participants because of their illnesses. I have therefore given them full voice here:

I find it difficult to talk to people, partly because my mind is shut up (2A).

I find it hard milling around before and after the service so I arrive right on start time. I only go and have a coffee afterwards if I am having coffee with a specific person. I am scared of saying something stupid. I might not be happy that day or I might be over the top. I don't like free time and milling around. Paranoia sets in (2D).

I hate being seen to be on my own. I have a terror that I will go to the in-between service coffee in the church café and find myself alone. I have anxiety. Nine out of ten times that I find the courage to go through I find people to talk to (2F).

If I am upset and want to bawl my eyes out, you feel that everyone is looking at me and noticing me. I don't like dealing with lots of people, like it's all closing in on me. When I don't want to talk and want to sit quietly, I struggle with people who want to come and talk to me (2E).

When you are feeling blah, you don't want to talk to anyone, so then I take myself out to do the dishes at church. When you are

feeling vulnerable, talking exposes your weakness. You want to be honest but you fob them off or you go and do something so you don't need to talk with people who expect a deeper reply (2H).

These comments about people wanting to speak with them were in stark contrast to those offered by the participants who attended churches where there were complementary services or programs for people with mental and intellectual disability. The friendliness of other congregants here was seen as a threat rather than an inclusive and welcoming gesture.

The mid week meetings for this group of people are seen as integral to their involvement in churches. "I got support, encouragement and prayer from the home group. The home group kept me here. It was their genuine love and support"(2E). One commented that if groups had not existed she would not have stayed because in the Sunday service "there are too many people and it is too overwhelming" (2E). The perception of acceptance of these people in the mid week groups varied dramatically: "I tried a mid week group once. People were rude to me, they wouldn't speak to me. I think it was a white thing [participant is Maori] but I am now with a new mid week group and it is really good" (2D). Another tried unsuccessfully for a year to get into a particular group and she felt that they did not want her to join (2F). Issues were identified which made it hard for participants to become involved in groups: "I struggle with going out to meet and mix with new people. It would take me quite a while before I think I can share. It took me a long time to trust in the last home group"(2E). An issue which concerned those in one church was that there were no longer any mid week study groups operating. The participants felt that they were a vital support for people with mental and intellectual disability.

The factors that two participants from this group identified as cringe factors at church for them relate to interaction with other people (2F, 2E):

As a single person, I worry when I go in, who am I going to sit with, because lots of others have husbands and children. Some give me verses like Romans 8:28 (All things work out for good)

which do not help. I would rather have people sit quietly beside you and not give you verses. It is annoying (2E)

Another participant referred to this scripture giving practice as applying scriptures as bandages and found the practice particularly offensive (2I).

Despite the frustrations described by the participants, several of them expressed a general feeling of acceptance. It seems that a congregation being real and finding friends were keys to the participants staying in a particular church. One respondent found that there was a greater level of acceptance of her and her disability from people who had been Christians for a long time (2D). As identified in the other group, the nature of the mental disability caused some participants to question their acceptance by the church:

Sometimes I get uncomfortable at this church – loneliness and not feeling accepted. I know they are lies of the devil. Sometimes I feel excluded but I think that is what I am telling myself more than the truth. I had thoughts like I wouldn't fit in, but when I do go, they are a pretty accepting bunch (2E).

There was awareness that some mental illnesses are less acceptable to people than others: “I have seen that some people at church exclude a person with epilepsy because they are scared of seizures so they don't invite her anywhere” (2C). Another wondered “if I really shared where I am at, would people still want to be friends?” (2I). For many this meant that they kept their disability hidden: “I don't always want to show where I am at (with my depression). If I do, I feel like a bit of a heel. Depression is an ongoing illness; you don't come out of it. The church needs to be more understanding. I didn't want to be labelled so I only shared with people we know well.” (2I).

This group of participants held a wide range of perceptions about their feelings of equal worth in church, from knowing that they were as good as others (2F), through some ambivalence over the claim (2D) to an understanding that they were not equally worthy “because I know that's the way it is. I see other people who I look up to/respect. People tell me how good I am and I say No I'm not, you don't know me” (2A) or “other people are more spiritual than me, they have got it all together” (2E). Some recognise that this

feeling of inequality comes from their illness: “It is a self worth thing. Why can’t I get the assurance that I know I have to balance with my thoughts and feelings. I know I have absolute assurance that God loves me, but I don’t feel it, it does not align” (2H). One attributed the feeling of less worth to Satan:

Sometimes I have a week where I feel no good and ask how can God love me? I know it is lies of Satan. Sometimes I get uncomfortable at this church – loneliness and not feeling accepted. I know they are lies of the devil (2E).

One interesting comment made by two of the participants in these integrated churches was that once they knew of other people having to take medication for similar illnesses yet holding down responsible positions in the church, they felt more acceptable: “One of our former pastors had depression and was on meds like me. I actually didn’t realise it but when I found out, it made me feel more accepted. I said “This is not just me, I’m not alone in this, others who can minister ably in the church setting are also on meds” (2H). “Finding others in church who took meds, especially those whom I really admired for what they did in church, blew my mind.” (2I). It seems that the identification with other prominent people ratified their acceptance into the church, and in this regard echoes the words of some participants from the other group, those attending the exclusive services run by Dunedin City and South Dunedin Baptist Churches, where identifying others with similar illnesses and struggles helped them.

This group of participants showed a far wider range of responses to the same questions tendered than the other group. They were harder to find and had a wider variety of experiences within the church. One from this latter group who offered a story of particular unwelcoming initial presence in the church offered that it was only her stubbornness and knowing that God had called her to that particular church had prevented her from moving on (2F).

Although I personally interviewed all of the participants, I do not have a clinical background nor expertise to make a judgement call whether one group or the other was exhibiting more external signs of their disability which may have affected their

acceptance into churches, but there was a definite reluctance on the part of those in the inclusive churches to have their disability widely known around the church.

One of the key issues that was identified in the published research was the attachment of sin and demonic activity in relation to mental and intellectual disability. The research conducted in the Otago Southland region with the Baptist churches with participants from both samples has not borne out that scenario. There were no comments received by the participants laying the blame for their disability at either of these suggestions. Some who have come from the more Pentecostal end of the church traditions mentioned that such comments had been made at those churches but none had been made in the Baptist churches.

Conclusion

The Bible is strongly weighted to concern for those outside of the mainstream of secular life. In the biblical times, that concern was for the widows, the orphans and the aliens. Examples of this are Exodus 22:22 – “you shall not abuse any widow or orphan”; Deuteronomy 24:17 – “you shall not deprive a resident alien or an orphan of justice; you shall not take a widow’s garment in pledge”; Jeremiah 22:3 – “do no wrong or violence to the alien, the orphan, and the widow, nor shed innocent blood in this place.”

Jesus reiterated that concern by echoing the words of Isaiah in identifying his call in Luke 14. In those words he included those who had disability and were held captive. He spoke on at least two levels when identifying with this call – one speaking of the spiritually disabled and captive, but also spoke of the physical realm in these words as evidenced by his subsequent actions in healing people with physical and emotional disability. The Pauline epistles also continued the concern for those who were outsiders, particularly when speaking of the body of Christ. The expectation from both Jesus and Paul was that the disciples (both then and subsequently) would care for the least of these. The theologian John Swinton affirms the significance of this kind of care:

The segregation and prejudice which are often imposed and sometimes even glorified by the world should be actively anathematised both in Word and in prophetic action, in order that the true values of the Kingdom can reign in our churches.¹⁴⁰

As we look back into the history of the Baptist church in New Zealand, we see in its earlier history, the church had “a somewhat mixed attitude to social service. They knew it was important and took part in it...[but] it was regarded as an extra...not to be compared with the prime necessity of preaching the gospel.”¹⁴¹ But regardless of its less than primary status, the call for compassion was within the church from its earliest times. They saw that this could be “worked out in personal relationships, the family and the

¹⁴⁰ John Swinton *Building a Church for Strangers* Edinburgh: Contact Pastoral Trust 1999, 38

¹⁴¹ G T Bielby *A Handful of Grain Volume 3 1914-1945* Wellington: NZ Baptist Historical Society 1984, 81

pastoral work of the local church, rather than in institutions.”¹⁴² The President of the Baptist Union, Mr A S Adams, addressed the Conference of the Baptist Union of New Zealand held in Wanganui in 1906:

To see men and women and children cursed by social conditions alike dishonouring to God and man; institutions, hoary with age and iniquity, holding the people in political, mental and physical bondage...it is an intolerable agony to the sensitive soul that throbs in response to the cry of anguish and distress. It cannot be that the good God has placed us where we are, in sight and hearing of all the world's suffering...[with] no clear call to smite iniquity in His name, and strike hard for righteousness in government, in the social order, for reform of abuses and destruction of evils.¹⁴³

In response to this and other calls within the denomination, Laurie Guy could write that in the twentieth century there had “been a mushrooming of community and social welfare programs sponsored by local Baptist churches.”¹⁴⁴

However the integration of people classed as “other” into the worshipping body of the church, where both the ‘people like us’ and those classed as “other” can be incorporated into the same worshipping body seems to have lagged behind other social justice and fellowship components of the Christian faith, and this is particularly so in relation to people with mental and intellectual disabilities. The church response to those with mental or intellectual disability historically has not been as exemplary.

Jesus called the church to minister to the “least of these” his brethren. One of the new “least of these”, I argue, are the people with mental and intellectual disability. This research and my comments herein are in no way critical the response of churches to the needs of the community to provide physical comfort, but rather are focussed on the assimilation and integration of this group of people with the specific disability of a mental or intellectual origin into the worshipping body of the church. As the

¹⁴² J Ayson Clifford *A Handful of Grain Volume 2 1882-1914* Wellington: NZ Baptist Historical Society 1982, 105

¹⁴³ Martin Sutherland (ed) *Baptists in Colonial New Zealand* Auckland: New Zealand Baptist Research and Historical Society 2002, 203

¹⁴⁴ Laurie Guy, xiv

Massachusetts Council of Churches reported in 2009, “We are being challenged to open up this place we call church, to re-imagine and reconfigure it, to remodel and reshape our worship, our programs, our education, and our buildings”¹⁴⁵ in relation to the issue of people with mental or intellectual disabilities.

My original hypothesis which set the scene for this piece of research was that New Zealand Baptist churches have not integrated people with mental and/or intellectual disability into the mainstream of church worshipping life but have institutionalised them into subsidiary church trusts and alternative worship services. My original suspicions consisted of three propositions. The first was that the Church found people with moderate to severe mental and intellectual disability to be challenging, perhaps even disruptive to the order of a worship service and therefore they sidelined this group of people into alternative worship services on other days or other venues. The second was that the “out of sight out of mind” claim made by Dr Michael Bassett was not far from the way in which the Church still deals with people with mental and intellectual disability. The third was that the Church saw this group of people as recipients of aid, charity, ministry and pity rather than seeing them as being functional and worthy members of a worshipping community of faith on a par with those not exhibiting disability. I also asked whether a facility of spiritual connection through worship in Baptist churches is available to people with mental and intellectual disability.

The research undertaken in this study was to determine whether these hypotheses and suspicions, which were in some ways supported by the published international and domestic literature, could be borne out by the interviews with a selection of people with these disabilities currently in Baptist churches in the Otago Southland region of New Zealand.

¹⁴⁵ Massachusetts Council of Churches

A review of the published literature found that most experts favoured a full inclusion policy. Whilst they recognised that such an approach was flawed by the attitudes of those who do not have a disability, the experts felt that this was the better approach for churches to undertake when considering the needs of people with intellectual and/or mental disability.

In this conclusion of this paper I want to compare the comments and findings identified by those researchers which I have recorded earlier under the category “perceptions of the church by people with disabilities” (pages 19-21 above) with the findings and comments from the participants in the Otago Southland Baptist churches in order to draw some conclusions from the end users of the services provided by the churches.

The first finding from the published literature was that faith was an important component in the lives of people with mental and intellectual disability (page 19). The involvement in the church and the activities performed by the participants in the local churches of this study suggest that faith and involvement in the church similarly provides a key component in the lives of local people with disabilities.

The second finding from the published literature was that people with such disabilities felt they were not welcome nor accepted in Christian churches (page 19). This finding was not borne out at all by the participants in this local study. People found that they were included and welcomed and felt part of the worshipping body of the church, regardless of whether they participated in exclusive or inclusive services or programs provided by the church. I do have a concern about the sample which I will address in my “research restrictions” paragraphs to follow on pages 54-55, which may have tilted the responses toward acceptance because those who did not feel accepted and therefore absent from churches were not included in the sample. The published literature laid the blame for their finding of a lack of acceptance in church on the congregation and to a lesser extent the pastoral staff. My study into the local churches did not bear this out. But it was clear that a key ‘minister’ (lay or clergy) in the congregation was important for the feelings of acceptance. It was this key contact person in those churches which ran

intensive programs and services for people with disability who helped the people with disability to be accepted and loved. To a lesser extent, the group of people attending integrated services also valued a key contact relationship; for some it was through congregants and/or pastoral staff who took the newcomer under their wing, or for others it was contact with people from their former church who now were at the new church who befriended them and eased their transition into the new congregation. Other positive means of support and acceptance came from home groups, with one participant stating emphatically that had the home group not existed she would not have stayed (2E). I will expand on this need for a small group experience on page 53. From the comments made, it is clear that relationships, formed and maintained, are important for the feeling of acceptance and for the willingness to stay in the church for the people I interviewed.

The denial of membership and refusal to be accepted into in the sacramental life of the church identified in many articles from United States and particularly in the Roman Catholic setting is not apparent at all in the Baptist churches that participated in this study. There was a universal acceptance into the formal membership of the church for those who chose to apply for such a role. There was acceptance of all who sought to be baptised, and the issue of disability was not raised as a prohibitor for any rite. I chose not to interview people whose disabilities made them unable to communicate clearly. People with more severe disabilities may indeed be excluded from membership.

My initial premise was that there are two ways in which churches have operated in relation to people with disability – polar responses of exclusive and inclusive services. The research into the Baptist churches in the Otago Southland regions of New Zealand has shown that this presumption is erroneous. A better definition of the former in this region would be inclusive but providing complementary supportive services for people with disability, and of the latter as totally inclusive without any regard of any special need of people with disability. Whereas my initial criticism was of the exclusive way in which churches appeared to be dealing with this significant minority of people, my research has made me rethink the validity of a church taking the stance of inclusion without any special regard for the needs of people with disability.

There are significant issues that people with mental and intellectual disability have to face every day and to ignore that these issues exist is to deny a part of that person's humanity, and also to ignore that disability is a reality for many in our communities. It is particularly enlightening to hear the reaction from two participants from the "inclusion" group with the disability of depression who had discovered that there were other people in significant roles in the church who coped with the same disability and how validating and freeing it was for them to realise that the disability did not restrict them to the role of "other". This overt recognition of others in the congregation with disabilities was freeing for those with the disability. It was clear from the perceptions of those in the "inclusive" group that this freedom was not readily available because of the isolating effects of silence, both from the church and from the person with the disability. In the "exclusive" group, this understanding of others suffering with similar disability was overt. Ignoring or suppressing the fact of mental and intellectual disability within a worshipping congregation seems to be counter productive to growth, both personal and corporate. The fear of discovery (the repeated tales of keeping the facts to a limited number of people who are trusted) in the inclusive church seems to be an unnecessary chain which needs to be broken. There are echoes of the words of Jesus about setting the captives free in recognising and embracing disability in a congregation exhibiting God's love to everyone, regardless of situation.

The concern for people with mental and intellectual disability is the perceived lack of understanding by the wider population in churches about the nature of their disabilities. But more concerning to those with a disability is a sense of the disability making them less than others, a concern expressed by the participants themselves when asked of their sense of equality and worth compared with other church attendees. There is a lack of perceived understanding that there can be blessings in disability. As May Clulee, a mother with a child with disabilities writing from a New Zealand perspective notes:

There are unexpected blessings. When faced with hardships you realise how important a good foundation in God is, and what is really important. There is satisfaction in overcoming practical

challenges, and a deeper understanding of God's heart of compassion for the weak.¹⁴⁶

The failure or refusal of "inclusive" churches to identify disability therefore restricts the ability to celebrate God's goodness in adversity and restricts the reception of a facet of the exhibition of God's love from the congregation.

The current method of conducting worship services in these local churches seems to need little modification to cater for the worshipping needs of people with disabilities. The comments made by the participants about the preaching and the singing are issues which, from my view from the pulpit, are also encountered by the non-disabled community as well – falling asleep in services, distractions, temperature, song preference. And as one participant (ID) recognised, even people with disabilities could not identify how services could be made to cater better for people with mental and intellectual disability.

The issue which causes the most concern for people with disabilities in church worship services is not the formal part of the service but the non structured time before, after or during the services when there was contact between those attending the services. There is tension between those with disability wanting contact with others, and those that find contact overwhelming. For some, there can be too much friendliness, rather than too little in this unstructured time. For others the lack of a close friend during this time fed into the out-workings of their mental disability. In this area of interaction there is a clear difference in response between those who attend the two types of services. Unlike those who attend integrated services, those who attend the complementary services were less likely to be traumatised in the gathered service by unstructured contact with people without disabilities than those who attended the fully integrated services. One explanation could be that there is an open acknowledgement of disability in the churches practising complementariness rather than the concealment and denial practiced in the fully integrated services. The issues for people with mental and intellectual disability in this unstructured time of a worship service in an "inclusive" church are of a fear of exclusion, uncomfortable questions, inappropriate comments and the fear of separateness

¹⁴⁶ May Clulee "When Your Child Has a Disability" *Daystar* August 2008, 14

which feeds into the participants' self talk arising from the disability. The concern most participants expressed was the overwhelming numbers in worship services. This fear of overload was identified as being ameliorated by participation in a small group, but groups that had people with and without disability received mixed reception from the participants.

The area of support for people with disability in small group support and contact mid week seems to be best accommodated by using the example of Dunedin City Baptist Churches "Way Up" group. The group catered for a specific group of people (men) who had mental and intellectual disability in common and participants made glowing comments about how they felt acceptance in that forum. But the group was not exclusive, meeting monthly with women with the same disabilities. The participants from the "Way Up" group attended the main worship services of the church. It was a both/and situation rather than an either/or situation, so the benefits of both exclusion and inclusion were married together. The monthly complementary worship service run at South Dunedin Baptist Church, bringing worshippers who have mental or intellectual disability from many different denominations also seems to strengthen the participants' connection with the local church rather than alienate them from the main worshipping body of the church.

The bridge for people with mental and intellectual disability to feel part of the worshipping community of the wider church is a passionate and empathetic key person without disability. Despite the Wellington survey suggesting that the pastor of a church with more than eight people with such a disability needed to be a mental health trained professional, this research suggests that a key person with a connection with mental health (for example, from a nursing background, the parent of a person with intellectual or mental disability, or a temporarily able bodied champion with an empathy for such people) may be sufficient to facilitate an acceptance within the church.

Research limitations

Whilst it would be nice to be able to confirm or deny the hypotheses or my suspicions categorically for the Baptist Church of New Zealand as a whole through this research, the type of surveying done, that of qualitative research, does not allow generalisations in the wider context to be made with any confidence from individual interviews. This is because this method of qualitative research comprises interviews which are subjective to the end users of the services provided and each participant relates their own specific tale and experiences. This does not allow any conventional means of testing of reliability or validity.¹⁴⁷ The parameters of this research in listening to the end users and the confidentiality offered to those participating does not allow cross checking with the church on any possibility of distorted perceptions or other realities.

There is one further concern which has arisen through the conduct of this research which although not invalidating the results, does leave a further area of investigation in order to gain a wider picture of this acceptance of people with mental and intellectual disability into Baptist churches in new Zealand. That restriction is that the only people with qualifying mental or intellectual disability offered for interview in this particular research were those who have chosen to stay in the church. If people with mental and intellectual disabilities found any of those churches to be so unwelcoming that they could not experience level of acceptance there, they would not have stayed in the church and therefore could not be referred by the pastors for inclusion in this research. This additional study opportunity would face the difficult task of finding people in the community who had tried but not connected with Baptist Churches. There is a need to determine whether inclusion in churches of people with mental and intellectual disability actually occurred in their cases.

¹⁴⁷ Burns 12

Final conclusions and recommendations

Baptist churches in the Otago Southland region of New Zealand have not excluded nor sidelined people with mental and intellectual disability but have found ways to include them into the total worshipping body of the church.

It is my recommendation that the best way to cater for people with such disabilities is by providing for their support needs through a targeted service or group which includes in its mission the complementary intention to also include them into the main worshipping body of the church. I am advocating the both/and rather than the either/or scenario.

It is my contention that failure to acknowledge that people with mental and intellectual disabilities exist in a congregation is counterproductive to the growth, support and acceptance of people with disabilities, and creating an atmosphere where one facet of the reality of humanity is denied, thereby not offering the opportunities for the congregation without disabilities to fully experience and understand the whole picture of God's love.

It is my contention that failure to acknowledge and address the issue of disability in the worshipping congregation divides and alienates people with mental and intellectual disability from the love of the Body of Christ and opens them up to feelings of otherness, isolation, fear of discovery and judgement and of self worthlessness.

It is my recommendation that churches actively support key workers in setting up a focused group to empower and encourage people with mental and intellectual disability which comes together with the rest of the congregation to worship together. The models offered by the "Way Up" program run at Dunedin City Baptist Church and the Canadian "Living Room" model trialled at Eastside Baptist Church seem the most appropriate.

It is my recommendation that churches actively encourage discussion on the issues of mental and intellectual disability, and provide training and exposure to disability to the general church population, so that there can be an openness and breaking down of the

fearfulness in sharing the struggles of people in the congregation, in order that support can be given and received freely.

It is my recommendation that churches address the distorted perceptions arising from the charismatic movement which focused on victorious triumphal living, and include in their teaching an understanding of the place in a spiritual journey of sorrow and pain, as evidenced in the life of Christ. Churches need to balance the post-resurrection victory of Christ with the pre-death suffering experience of Christ in order to obtain a more fully comprehensive understanding of humanities relationship with God.

I am pleased to acknowledge that my former negative perceptions and suspicions of the Baptist church response to people with mental and intellectual disability, and that the generally negative summation of the current situation in the wider church as identified by the experts cited, has not been borne out by this study into the Baptist churches of the Otago Southland region of New Zealand.

Appendix A**Questionnaire**

(We have already identified by the consent form that they have a disability which meets my criteria)

I am interested in hearing from you about the good things and the bad things about going to church.

- 1) **Tell me about when you first came to this church?**
 Prompts: how were you welcomed?
 Were you accepted?
 Did people talk to you as a person or a disability?
 How did you feel?
 How does coming to this church differ from any churches you attended before?
- 2) **Why did you choose to stay at this church?**
 Prompts: were you included in the events and groups at church?
 How did you feel about the people's actions toward you?
- 3) **Are you a member of the church?**
- 4) **Have you been baptised**
- 5) **Thinking about the things that happen in the church, Are you included in church programs, events and services that cater for both people with and without disability?**
 Prompts: If so, how did you feel? If not, how did that feel?
- 6) **Tell me about the Worship services**
 Prompts:
 If you attend an integrated service, do they cater for you with your disability?
 How do the words used make you feel about yourself?
 How could it be better?
 If you attend a designated 'disabled service' (whatever name), tell me what you like and dislike about that. What would make it better?
- 7) **Tell me about what you do at the church**
 Prompts: are you involved in any ministries?
 If so, how did that happen? What is your role?
 If not, why not? What do you think stops you?
- 8) **Tell me about how the people in the church help you**
 Prompts: How are you supported by the church?
- 9) **Tell me the good things about going to church**
- 10) **Tell me some of the things you find difficult in going to a church**

Prompts: Have you ever been prayed for healing your disability? How did that make you feel?

- 11) What do people say causes your disability?
- 12) Do you feel as good as other people?

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